Pest Avalianie coha

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 69829393														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	ππγ □	OR	OTHER SMALL		
TOTAL CLAIMS			33					RAT	E	FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	Basic FEE	710.00	
TOTAL CHARGEABLE CLAIMS			39 minus 20=		. 19			X\$ 9	=		OR	X\$18=	378	
INDEPENDENT CLAIMS			Zminus 3 =		0			X40	=		OR	X80≃		
MULTIPLE DEPENDENT CLAIM PRESENT							+135	=		OR	+270=	270		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTA			OR		1358	
CLAIMS AS AMENDED - PART II								4	1		,	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								ŚMA	LL	ENTITY	OR	SMALL	ENTITY	:
NT A		CLAIMS IEMAINING AFTER VENDMENT		NUA PREVI	IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Darse
MO	Total LAG	COD	Minus	3	9	- 0/		X\$ 9	=		OR	X\$18=	150	Sono
AMENDMENT	Independent		Minus	••• (3	=4		X40	-		OR	X80=		
Ľ	FIRST PRESENTA	TION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		J	+135			OR	+270=		
			2-	-15		>		TO	TAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3								FEE		J • · · ·	ADDIT. FEE	mæ	
		CLAIMS	HK		HEST		ጎ		7	ADDI-	1		ADDI-	
AMENOMENT B		REMAINING AFTER MENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE	
Š	Total •	111/	Mays	متم	0-1	<u>ء</u>		X\$ 9	=		OR	X\$18=		•
AME	Independent •	(in)	AUT CLAMA			X40	a		OR	X80=				
	FIRST PRESENTA	ATION OF MI	JUNPLE DEI	PENDEN	CLAIM		J	+135	. E.		OR	+270=		
DN 2/05								TO ADDIT. I	TAL		ОЯ	YOTAL ADDIT, FEE		
	9/23/05	Column 1)		(Coh	ımn 2)	(Column 3	3)	AUDII.	-25			ADDII. 1 EE		
o		CLAIMS REMAINING		HIG NUI	HEST MBER	PRESENT	7			ADDI-	1		ADDI-	
	A	AFTER MENDMENT			IOUSLY D FOR	EXTRA	1	RAT	Ė	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT C	Total •	32	Minus	3	9	= /		X\$ 9	æ		OR	X\$18=		
	Independent •	3	Minus	•••	3	<u> - /_</u>	1	X40	2	/	OR	X80=	7	
E	FIRST PRESENT	ATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		L	+135		/	1	+270=	/	1
١.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TAL		OR OR	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE														
	The Highest Numbe	r Previously Pa	id For (Total o	or Indepen	rdent) is the	e highest nun	ber t	ound in th	ne ap	propriate bo	DI IN C	ovan 1.		

FORM PTO-475 (Rev. 8/00)

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